

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005852 (9)

1. Corporation Name

BALCOR EQUITY PARTNERS-XIV, INC.

Principal Place of Business

2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015
US

Mailing Address

2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015
US



3. Date Incorporated or Qualified

12/22/1993

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MEADOR, THOMAS E	
STREET ADDRESS	2355 WAUKEGAN ROAD, STE A200	
CITY-STATE-ZIP	BANNOCKBURN IL	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ALLAN	
STREET ADDRESS	2355 WAUKEGAN ROAD, STE A200	
CITY-STATE-ZIP	BANNOCKBURN IL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	DARRAGH, ALEXANDER J	
STREET ADDRESS	2355 WAUKEGAN ROAD, STE A200	
CITY-STATE-ZIP	BANNOCKBURN IL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	PARKER, BRIAN D	
STREET ADDRESS	2355 WAUKEGAN ROAD, STE A200	
CITY-STATE-ZIP	BANNOCKBURN IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	OGLE, JERRY M	
STREET ADDRESS	2355 WAUKEGAN ROAD, STE A200	
CITY-STATE-ZIP	BANNOCKBURN IL	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	DUHIG, DANIEL A	
STREET ADDRESS	2355 WAUKEGAN RD., STE A200	
CITY-STATE-ZIP	BANNOCKBURN IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Alan Lieberman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SVP	
2.3 STREET ADDRESS	2355 Waukegan Rd., #A200	
2.4 CITY-STATE-ZIP	Bannockburn, IL 60015	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	SVP/CFO/T/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	000001793150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	04/24/96-01067-023	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-STATE-ZIP		
6.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John K. Powell, Jr.	
6.3 STREET ADDRESS	2355 Waukegan Rd. #A200	
6.4 CITY-STATE-ZIP	Bannockburn, IL 60015	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY M. OGLE
Vice President and Secretary (847) 267-1600

CR2E034 (12/95)